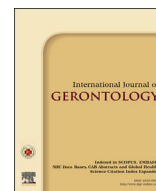


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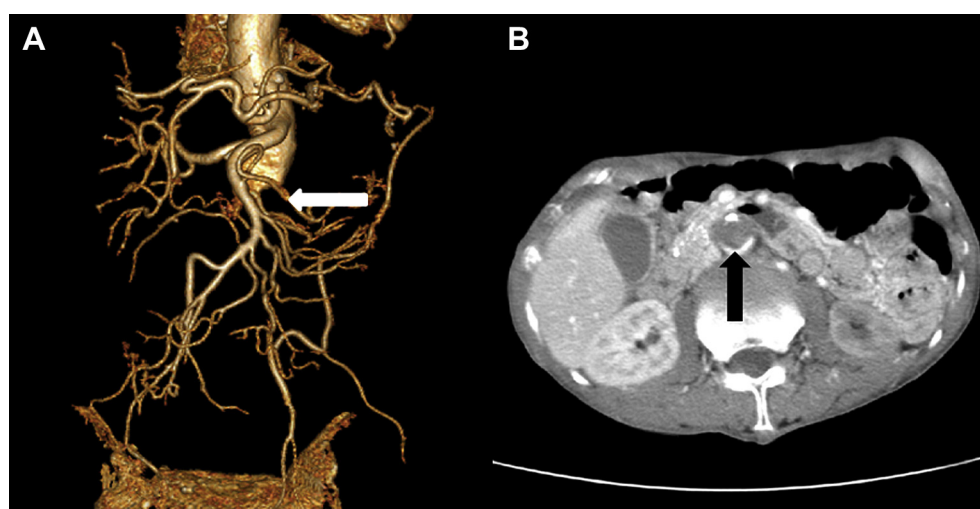
## Medical Image

## Leriche Syndrome: An Aortoiliac Occlusive Disease

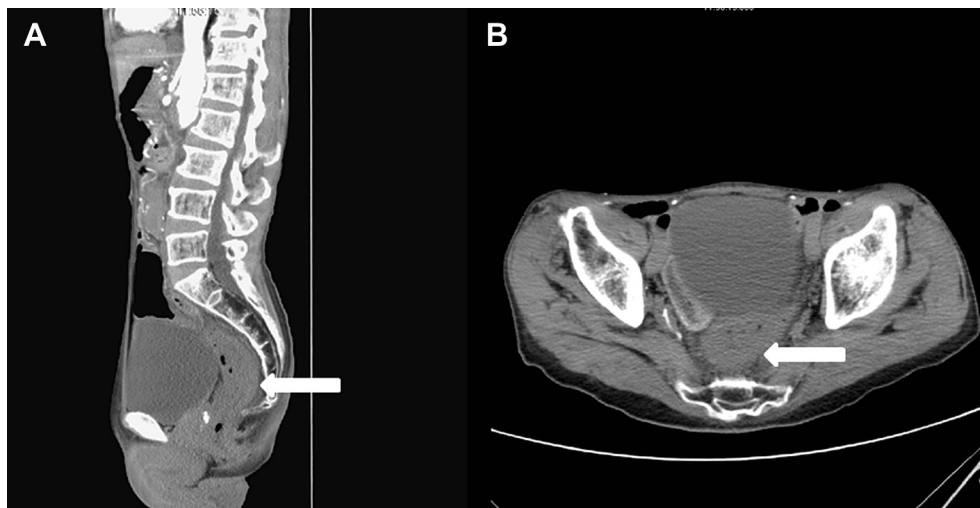
*To the Editor,*

A 77-year-old man presented with bloody stool passage for 1 day. He had a history of frontotemporal dementia and was introverted with difficulty in communication. On examination, he had vague lower abdominal tenderness, cold and clammy lower extremities, and absence of distal peripheral arterial pulses. His white cell count was  $11,400/\text{mm}^3$  with left shift and C-reactive protein level was 3.14 mg/dL (normal range:  $<0.5$  mg/dL). In addition, acute kidney injury (serum creatinine: 3.42 mg/dL), hypernatremia (serum sodium: 164 mEq/L), and rhabdomyolysis (creatinine phosphokinase: 4944 U/L) were also noted. An abdominal computed tomography showed thrombotic occlusion of the middle to terminal aorta, and bilateral common iliac and femoral arteries (Fig. 1). There was poor flow in inferior mesenteric artery and renal arteries, resulting in left renal infarction and poor contrast-enhanced thickened bowel wall with intramural gas over the rectosigmoid colon (Fig. 2). The patient refused further operation and died on the following day from ischemic bowel and sepsis.

Aortoiliac occlusive disease, known as Leriche syndrome, is an atherosclerotic occlusive disease involving the abdominal aorta and/or both of the iliac arteries.<sup>1</sup> Risk factors are hypertension, hyperlipidemia, smoking, and diabetes mellitus. It mostly occurs in older men.<sup>1,2</sup> The clinical presentation is the triad of impotence, claudication, and diminished femoral pulses.<sup>1,2</sup> Atypical presentations with sciatica, paraplegia, and renal infarction had been reported previously.<sup>3–5</sup> Up to now there is no report that showed Leriche syndrome initially presenting as bloody stool passage. Bloody stool may be the consequence of ischemic bowel due to occlusion of the inferior mesenteric artery. Endovascular treatment with percutaneous transluminal angioplasty and stenting is useful for aortoiliac occlusive disease.<sup>2</sup> Open bypass surgery, which provides good long-term patency, but at the cost of substantial perioperative morbidity, might be indicated for patients with advanced lesions or when endovascular approach failed.<sup>2,5</sup>



**Fig. 1.** (A) Computed tomography (CT) angiogram and (B) axial CT images showed thrombotic occlusion of the middle to terminal abdominal aorta (arrow), and bilateral common iliac and femoral arteries.



**Fig. 2.** (A) Sagittal view and (B) axial view of abdominal computed tomography scans revealed a poor contrast-enhanced thickened bowel wall with intramural gas over the rectosigmoid colon (arrows).

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